



The Commonwealth of Massachusetts

Department of Public Safety

Elevator Inspection Division

Phone (617) 727-3200 Fax 617-248-0813

Office Use Only

Application for Annual Elevator Inspection of Safety Devices

Location name		Address	City, state zip
Owner / Lessee		Address	City, state zip
Elevator Co.		Address	City, state zip

List all the elevators at this location to be scheduled for Inspection. In order to make the inspection process more efficient, all elevators at this location should be inspected during this visit. The Department of Public Safety will confirm all elevator inspections 1 month in advance. On the date of inspection please have the appropriate personnel on hand to conduct the required tests. All units should be pre-tested and made ready to avoid issuance of work orders. Please complete the entire form to insure timely scheduling of this location. Please enter and check off the required test below:

	State ID Number	Number Floors	Weight Test	Fire Service	Generator Test	Inspection Fee	Receipt # (DPS use only)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Total:							

The elevator units listed above will be scheduled for inspection by the Department of Public Safety. I understand that the elevators to be inspected must be pre-inspected and made ready for the state safety inspection. Elevators inspected and found in non-compliance or unsafe condition will be issued a DPS Work Order. Unsafe Elevators will be shut down pending repair and re-inspection. All elevators issued 90 day temporary certificates will be re-inspected 90 days from the annual test date. Failure to be ready for or pass the 90 re-test will result in the elevator being shut down. Elevators shut down must complete a Safety Abatement Inspection application to the DPS Elevator department explaining the existing problems with the elevator and why they have not been remedied. The department will then consider under what conditions the elevator can be re-inspected and allowed to operate.

_____/____/____
Signature of the Owner or Authorized Representative Date

Print the name of the Owner or Authorized Representative:

Telephone: () _____

Forward each application with the inspection fee to:

Department of Public Safety
P. O. Box 3814
Boston, MA. 02241-3814

☐ Elevators are under current maintenance contract.

☐ Elevators have been Pre-Tested and made ready.

Annual inspection fee per unit - \$400

Make check payable to: "Commonwealth of Massachusetts"
This application is for the Annual Safety Inspection only. New Installation, Modernizations, Fire Safety Inspections at Night and Repair Permits require a different application. If the location has more than 12 units please enclose an additional application.